

PTO/SB/21 (09-04)

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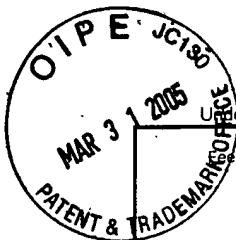
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/688,459
	Filing Date	October 16, 2003
	First Named Inventor	CLARKE, Frank et al.
	Art Unit	3728
	Examiner Name	FOSTER, Jimmy G.
Total Number of Pages in This Submission	Attorney Docket Number	PA1519

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address		
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<input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Catherine C. Maresh		
Date	March 28, 2005	Reg. No.	35,268

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kimberly Melvin	Date	March 28, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriation Act, 2005 (H.R. 4818)		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/688,459
		Filing Date	October 26, 2003
___ Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	CLARKE, Jimmy et al.
		Art Unit	3728
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 450.00	Examiner Name	FOSTER, Jimmy
		Attorney Docket Number	PA1519

**METHOD OF PAYMENT** (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 01-2525 Deposit Account Name: Medtronic Vascular, Inc.  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below \_\_\_\_\_ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING Fee (\$)	FEES Small Entity Fee (\$)	SEARCH Fee (\$)	FEES Small Entity Fee (\$)	EXAM. Fee (\$)	FEES Small Entity Fee (\$)	Fees Paid (4)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	\$
Plant	200	100	300	150	160	80	\$
Reissue	300	150	500	250	600	300	\$
Provisional	200	100	0	0	0	0	\$

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_ - 20 or HP = \_\_\_\_ x \$ \_\_\_\_ = \$ \_\_\_\_  
HP = highest number of total claims paid for, if greater than 20

**Multiple Dependent Claims**  
**Fee (\$)**      **Fee Paid (\$)**  
\$ \_\_\_\_      \$ \_\_\_\_

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_ - 3 or HP = \_\_\_\_ x \$ \_\_\_\_ = \$ \_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**  
\_\_\_\_ - 100 = \_\_\_\_ / 50 = \_\_\_\_ (round up to a whole number) x \$ \_\_\_\_ = \$ \_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fee Paid (\$)**

\$ \_\_\_\_

Other: Petition for Two-Month Extension of Time

\$450.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,268	Telephone	707.543.0221
Name (Print/Type)	Catherine C. Maresh	Date	March 28, 2005		

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